Entered - 01/19/01 - sb CL01L0039 - DIANNE C. MITCHELL 01- \mathcal{L} -0195

CLAIM OF: DANIEL KOCMAN

3201 Noble Creek Drive Atlanta, Georgia 30327

For damages alleged to have been sustained as a result of vehicular damage due to a pothole on September 1, 2000 at McGinnis Ferry Road and Regal Forest Drive.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>01L0039</u>	Date:			
Claimant /VictimDANIEL KOCMAN				
BY: (Atty)(Ins. Co.)				
BY: (Atty)(Ins. Co.) Address: 3201 Noble Creek Drive, Subrogation: Claim for Property description	Atlanta Georgia 30327			
Subrogation: Claim for Property damage	SBodily Injury \$ Written, properX Improper			
Date of Notice: 12/28/00 Method	Written proper V Improper			
Conforms to Notice: O.C.G.A. 836-33-5	X Ante Litem (6 Mo.) X Place: McGinnis Ferry Road and Regal Forest Drive			
Date of Occurrence 09/01/00	Place: McGinnis Ferry Pond and Pond! Forest Drive			
Department	Division:			
Employee involved	Division: Disciplinary Action:			
NATURE OF CLAIM: The claimant alleges that	t his vehicle was damaged when he drove into a pothole. The			
investigation determined that the area where the	alleged event occurred is outside the Atlanta City limits. The			
claimant has been advised to contact Fulton Count	у.			
INVESTIGATION:				
INVESTIGATION.				
Statements: City employee Claimant	Others Oral			
Pictures Diagrams Reports: P	olice Dept Report Other			
Traffic citations issued: City Driver	Claimant DriverOther			
Citation disposition: City Driver	Claimant Driver			
	Claimain Differ			
BASIS OF RECOMMENDATION:				
Function: Covernmental	3.51.1.1.1.1			
Improper Notice More than Civ March	Ministerial Damages reasonable ejected Compromise settlement			
City not involved V	S Other Damages reasonable			
Penair/renlacement by Inc. Co.	ejected Compromise settlement			
Claimant Negligent City Negligent_	Joint Claim Abandoned			
Respectfully submitted)				
	(Mun In a MIX			
	INVESTIGATOR - DIANNE C. MITCHELL			
RECOMMENDATION:				
Pay \$/ Adverse X	Account charged: 1A012J012H01			
Claims Manager: /// Mus	Concur/date 0/-25-71			
Committee Action.	Council Action			
FORM 23-61				

•	•		In Aluse
COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall	DES.	RE:	CLAIM FOR DAMAGES
55 Trinity Avenue, S.W. Atlanta, Georgia 30335	DEC 2	Toda	y's Date: 12/6/00
Dear Municipal Clerk:	NUMBE	ENTER	ED - 1-19-01 - SB 39 - DIANNE MITCHELL
This is to notify the City of Atlanta that I have suf and/or \$ bodily injury for	fered damages in	the amount sum of \$	5 3 5 7
	" " " TOUGHT COMEDIA	IDE CITY is liable	prope
1. Date of incident: 9/1/00 (month/day/ year)	2. Time of]	Incident: 23:30	_ 3. Police called:X
4. Location of incident (including street address):	Malainia	F /	Yes No
 4. Location of incident (including street address): 5. Name of your insurance company: 	- 7°CG-11.5	terry ha / 1	Regal Forest Dr. (Interestic
Trest	523.0A		Police 3/0402 7/1
or other and now incident occurred:	ht a	artholo u	1 1 2 5 1
tire. The puthole 1	sent my	rim bles	of an diam
tire. The puthole to		. Thus, an	of Steering. The rolling
were contacted as 3	other	Cars Systaina	I denses from the
Sam a Pothale			9
7. ALL ESTIMATES AND DAMAGES ARE S RESULT IN YOUR CLAIM BEING DENIES	D AND MAY RE	SULT IN CRIMINAL	IAKING OF FALSE CLAIMS WILI PROSECUTION!
8. The registered owner must make the claim for			
proof of ownership of your vehicle (copy of the	current tag receipt	or title).	
Your vehicle: Honda Civic (Make) (Y	95 (28 RSP	Diniel Kornan
. (Make) (Y	(Ta	g Number)	(Driver's Name)
City vehicle:			
	City Driver's Name		(Department/Bureau)
9. Witness: Officer Chris Van	Meter	NE Fulton Co.	nty Police
9. Witness: Officer Chris Van (Name) (Any of the other vict 10. The acknowledgment of this claim in no w State law, nor is it an admission of liability on be	iddress) ims on the	pulie Report	(Telephone Number)
10. The acknowledgment of this claim in no w	ay waives the S	overeign immunity of	the City of Atlanta, as granted by
State law, nor is it an admission of liability on be	half of the City of	Atlanta and/or its emple	oyee(s).
11. This claim should be mailed immediately to the	e address shown	above.	
I HEREBY SWEAR OR AFFIRM THAT THE A	ABOVE	Danie	1 Kocman
INFORMATION IS TRUE AND CORRECT.		(Prin	Mant's Name)
D.J. K.		_ 3201 No.	ble Creek Or
Signature of Claimant	_		(Address)
		_ Atlanta	State and Zip Code)
0			
01- ℓ -0195		<u> </u>	90 404-603-8890
		(Work Number)	(Home Number)